

## Application for Bicycle License-Permanent Charleston Police Department

Bike Information				Owner Information					
Registration # (on sticker)	stration #				Name (Last,First, Middle, Suffix):				
Registration Date					<del>,</del>				
Make of Bike				DOB	(MM/DD/Y	YYY)			
Model of Bike				DL				State Licensed	
Tire size				Race		Gender	Height	Weight	
Serial #				Hair Color			Eye Color		
Serial # verified by (Name & ID #)		1		Street Address:					
Type (boys/girls)		Color (s)		City, State					
OAN (Owner Applied Number)				Home Phone					
Bike Purchased from:				Cell Phone					
NCIC checked by serial #	clear stol	<b>en</b> (circle o	ne)	Work Pho	one				
Person Taking/Entering Information				Check by	:				